FOR PATENT FEE REFUND

		2 Seria	al/Pate	nt #	10/0	43,816
3 Please refund the following fee(s):		4 PAPER NUMBE		5 DATE FILED	6 AMOUNT	
	Filing					\$
	Amendment		•			\$
~	Extension of Time				10-13-04	\$ 490
	Notice of Appeal/Appeal	·				\$
	Petition					\$
	Issue					\$
	Cert of Correction/Terminal D	Disc.				\$.
	Maintenance					\$
	Assignment				•	\$
	Other					\$.
		7 TOTAL AMOUNT S 490				
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
	Overpayment		$\overline{\mathcal{V}}$	Cr	edit Dep	osit A/C #:
	Duplicate Payment		9		9 0	079
/	No Fee Due (Explanation):	<u> </u>				
EDT outside Six-months statutory period.						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: Keta Williams TITLE: Paralegal						
SIGNATURE: Ketta Williams PHONE: 272-3229						
OFFICE: Petitions						
THIS SPACE RESERVED FOR FINANCE USE ONLY.						
APPROVED: Wichar Killer DATE: 2 32 05						
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)